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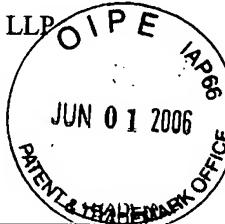
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26263 7590 03/03/2006

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CHICAGO, IL 60606-1080

06/02/2006 EHAILE2 00000006 10807929

01 FC:2501 700.00 OP
02 FC:1504 300.00 OP



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Paula M. Theismann	(Depositor's name)
<i>Paula M. Theismann</i>	
May 30, 2006	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/807,929	03/24/2004	Lisa Renee Hayden	09808630-0001	5141

TITLE OF INVENTION: MACHINE FOR VENDING FLORAL ARRANGEMENTS

06/02/2006 EHAILE2 00000015 193140 10807929

01 FC:1504 300.00 OP
02 FC:8001 6.00 OP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE
nonprovisional	YES	\$700	\$300

EXAMINER	ART UNIT	CLASS-SUBCLASS
VALENTI, ANDREA M	3643	047-041010

<p>1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</p> <p><input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</p> <p><input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</p>	<p>2. For printing on the patent front page, list</p> <p>(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,</p> <p>(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.</p>	<p>SONNENSCHEIN NATH & ROSENTHAL LLP</p> <p>1 _____</p> <p>2 _____</p> <p>3 _____</p>
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 2

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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-3140 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____

May 30, 2006

Typed or printed name _____

David R. Metzger

Registration No. 32,919

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